

0. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33836

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8533

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary M. Blanche

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frederick

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name George Fohrell

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sophia

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Dieringer

(b) Address 5060 Chippewa, St. Louis, Mo.

17. (a) Burial (b) Date thereof 10-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director A. Hoffmeister 2. x L. Co.

(b) Address 7814 S.B'way, St. Louis, Mo.

19. (a) OCT 15 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5060 Chippewa Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1940 hour 3:25 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Dec 27, 1940, to Oct 13, 1940
that I last saw her alive on Sept 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion to Min
Coronary Sclerosis 2 yrs
Due to Hypertensive Cardio
Due to Arteriosclerosis 5 yrs
stroke

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 10/15/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin H. Lehinger*
Licensed Embalmer No. *4514*
P. O. Address *6164 Chipman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.